(C) MEDICAL PROGRAMS

- Medicare-Eligible Retirees
- Medicare- Eligible Participants on LTD

	CIGNA OAP (PPO)**		HIP VIP (HMO)*****	CIGNA OAP (PPO)***	
	In-Network	**Out-of-Network**		**In-Network**	**Out-of-Network**
Medical Care Provider	Participating physician/facility	Any physician/facility	Participating physician/facility	Participating physician/facility	Any physician/facility
Payment of Benefits	No claim forms	Submit claim forms	No claim forms	No claim forms	Submit claim forms
Annual Deductible (Individual/Family)	N/A	$500/$1500	N/A	N/A	$250/$650
Annual Out-of-Pocket Maximum (Indiv./Family)	N/A	$2500/$7500 excluding deductible	N/A	N/A	$1200/$2400
Lifetime Benefit Max	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Pre-Existing Condition Limit	N/A	N/A	N/A	N/A	N/A
Office Visits	Covered in full after $20 co-pay PCP*/ $30 co-pay Specialist	80% of R&C after deductible	Covered in full for PCP* ($10 co-pay for Specialist)	Covered in full after $10 co-pay	80% of R&C after deductible
Emergency Room (Accident/Illness)	Covered in full	Emergency: Covered in full Non-emergency: 80% of R&C after deductible	Covered in full after $50 co-pay (Doctors/Specialists: $10 co-pay)	Covered in full	Emergency: Covered in full Non-emergency: 80% of R&C after deductible
Inpatient Hospital (Semi-Private Room, Board, Services, Supplies)	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
	----- Pre-admission certification required or $250 penalty plus 50% reduction in benefits on any days not approved. -----			Pre-admission certification required or $250 penalty plus 50% reduction in benefits on any days not approved.	
(Physician/Surgeon)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
				Covered in full	80% of R&C after deductible
Second Surgical Opinion (Office Visit)	Covered in full	100% of R&C	Covered in full	Covered in full	100% of R&C
Laboratory/X-Ray	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
Prescription Medication**** (Retail: up to 30-day supply)	$10 generic/$25 brand name formulary /$40 brand name non-formulary****	Must use in-network pharmacy	$5 formulary/$45 non-formulary	$5 generic/$10 brand (up to 30-day supply)	80% of R&C after deductible
(Mail Order: 90-day supply)	$20 generic/$50 brand name formulary benefit /$80 brand name non-formulary****	Use in-network	$7.50 formluary/$135 non-formulary	$10 generic/$20 brand (up to 90-day supply)	Use in-network benefit

*Primary Care Physician
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****After $100 per person/$300 per family annual drug deductible
*****Subject to change; pending CMS approval.

(C) MEDICAL PROGRAMS

- Medicare-Eligible Retirees
- Medicare- Eligible Participants on LTD

	CIGNA OAP (PPO)**		HIP VIP (HMO)*****	CIGNA OAP (PPO)***	
	In-Network	**Out-of-Network**		**In-Network**	**Out-of-Network**
Preventive Care					
(Well Woman Exam)	Covered in full after $20 co-pay	80% of R&C after deductible	Covered in full	Covered in full (to age 19)	80% of R&C after deductible (to age 19)
(Pap Test)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full after $10 co-pay	80% of R&C after deductible
(Mammogram)	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
(Annual Physical Exam)	Covered in full after $20 co-pay if by PCP**	Not covered	Covered in full	Covered in full after $10 co-pay	Not covered
(Routine Eye Exam)	Not covered	Not covered	Covered in full after $10 co-pay (optometrist:1/ year)	Not covered	Not covered
Mental Health Care					
(Inpatient)	Covered in full	Same as inpatient hospital	Covered in full (190 day lifetime maximum) *	Covered in full	Same as inpatient hospital
(Outpatient)	Covered in full after $30 co-pay	80% of R&C after deductible	$20 co-pay/visit *	Covered in full after $10 co-pay/ visit	80% of R&C after deductible
Substance Abuse Treatment					
(Inpatient Detox)	Covered in full	Same as inpatient hospital	Covered in full (190 day lifetime maximum) *	Covered in full	Same as inpatient hospital
(Outpatient Rehab)	Covered in full after $30 co-pay/visit	80% of R&C after deductible	$20 co-pay/visit *	Covered in full after $10 co-pay/ visit	80% of R&C after deductible
Alternate Care					
(Home Health Care)	Covered in full	80% of R&C after deductible	Covered in full (Max: 200 visits/year)	Covered in full	80% of R&C after deductible
	------(Max: 40 visits/year combined in and out of network)------			(Max: 40 visits/year combined in and out of network)	
(Skilled Nursing Facility) Non-Custodial	Covered in full	80% of R&C after deductible	Covered in full Max: 100 days per benefit period	Covered in full	80% of R&C after deductible
	-------(Max: 60 days/year combined in and out of network)-------			(Max: 60 days/year combined in and out of network)	
(Outpatient Short-Term Rehab: Physical Therapy)	Covered in full after $30 co-pay	80% of R&C after deductible	Covered in full after $10 co-pay (Max: 90 visits/year)	Covered in full after $10 co-pay	80% of R&C after deductible
Hearing Aids	Covered in full	80% of R&C after deductible	Not covered	Covered in full	80% of R&C after deductible
	----------(Max: $2000/1095 days)----------			----------(Max: $1000/hearing aid/ear/3yrs)----------	
Durable Medical Equipment	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible
External Prosthetic Devices	Covered in full	80% of R&C after deductible	Covered in full	Covered in full	80% of R&C after deductible

*Based on medical necessity up to Medicare limit.
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